

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PD5478US01

First Named Inventor

SHOJI, Katsuji

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVED SELF-LOCKING REDUCTION DEVICE**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | Yes                      | No                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 118 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|-------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 22885                                                                                                                                                                                                                                                                                                                                                                                  |              | OR <input type="checkbox"/> Correspondence address below                      |             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                               |             |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                               |             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | State                                                                         | ZIP         |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone    | Fax                                                                           |             |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |              |                                                                               |             |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | Family Name<br>or Surname                                                     | SHOUJI      |
| KATSUJI                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                               |             |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | Date<br>August 27,<br>2003                                                    |             |
| <i>Katsuji Shoji</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                               |             |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State        | Country                                                                       | Citizenship |
| Kamakura-shi                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Kanagawa-ken | Japan                                                                         | Japan       |
| Mailing Address 1-5-28, Koshigoe,                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                               |             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State        | ZIP                                                                           | Country     |
| Kamakura-shi                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Kanagawa-ken |                                                                               | Japan       |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | Family Name<br>or Surname                                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |             |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | Date                                                                          |             |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State        | Country                                                                       | Citizenship |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |             |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State        | ZIP                                                                           | Country     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |             |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                                  |              |                                                                               |             |

Express Mail Label No: EV 330573014 US

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)  
 Approved for use through 10/31/2002. OMB 0651-0035  
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                |
|------------------------|----------------|
| Application Number     |                |
| Filing Date            |                |
| First Named Inventor   | SHOJI, Katsuji |
| Group Art Unit         |                |
| Examiner Name          |                |
| Attorney Docket Number | P05478Us01     |

I hereby appoint:

☒ Practitioners at Customer Number

22885 →

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE OF Applicant or Assignee of Record**

|           |                      |
|-----------|----------------------|
| Name      | Katsuji Shoji        |
| Signature | <i>Katsuji Shoji</i> |
| Date      | August 14, 2003      |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.